DATE:

TOWN OF DEWEY-HUMBOLDT BUILDING PERMIT APPLICATION

PERMIT #:	
RECEIPT #:	

ATTACH A COPY OF THE YAVAPAI COUNTY SEPTIC APPROVAL TYPE OR PRINT CLEARLY PRESS DOWN FIRMLY

R-Side

Date

Rear

Approved by

Front

Zoning

L-Side

Road Ded.

NOTE: 24-hour notice is required for all inspections. 928-632-8643

			_	
Please Circle Permit Type: F	nmercial	Guesthouse	Other	
Property Owner:				
Mailing Address:		-		
Site Address:		Phone:	Job Value/Cost:	
Project Description:				
Architect/Engineer:		Phone: ()		
1 General Contractor: ————			— Phone: <u>()</u>	
Business Address:				
2 Electrical Contractor: —————			— Phone: ()	
Business Address:				
3 Plumbing Contractor: ———	—— Phone: ()			
Business Address: ———			State Lic Exp.	Type:
4 Mechanical Contractor: ————————————————————————————————————			— Phone: ()	
Business Address: ————			State Lic Exp.	Type:
5 Other Contractor: ———			— Phone: ()	
Business Address:				
SITE BUILT SQUARE FOOTAGE	::	P/V \$		Permit Fees:
Residential:Comm	ercial/Type:		Permit Fee:	\$
Carport/ Addition:Garage:	Porch/ Patio:		Plan Check Fee:	\$
		□ MECH	Mobile Permit Fee:	\$
Barn: Shed:		□ ELEC	Other:	\$
MFG. HOME:	Year:	□ PLMB	SUBTOTAL:	\$
VIN #:	Size:		Impact Fees:	\$
The Town of Dewey-Humboldt of		Water/Sewer Utility Fee:	\$	
restrictions. It is recommended that a		Less Deposit	\$	
that CC & R's will not be violated by the applicant if this permit is issued.			BALANCE DUE:	\$
This permit becomes null and void suspended or abandoned for a perio this application and know the same complied with whether specified her provisions of any other state or locatatement under penalty of perjury.	d of 180 days at any time afte to be true and correct. All p ein or not. The granting of a	r work is comme rovisions of laws a permit does no	nced. I hereby certify that I has and ordinances governing that of presume to give authority to	ave read and examined his type of work will be to violate or cancel the
Signature of Applicant	Date	Signature of Cor	ntractor or Authorized Agent	Date
	FOR OFFIC	E USE ONLY	Phone #	
PLAN CHECK APPROVAL	DATE:	YCES SEPTIC	PERMIT #	
	•	FLOOD CONT	ROL: I	DP:
		PW APPROVA		RT SIZE: ATF:

COMMENTS:

DATE PERMIT FINALED: